

Fill in this information to identify the case:

Debtor The Safety Zone, LLC

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 24-11056

**Official Form 410
Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>CAB assignee of Chifeng Huawei Medical Science Technology</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? See summary page	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Contact phone <u>818-990-4800</u> Contact email <u>wthomas@cabcollects.com</u>	Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <small>MM / DD / YYYY</small>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5970 ____

7. How much is the claim? \$ 115,388.00. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Goods sold

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/16/2024
MM / DD / YYYY

/s/Brian L. Mitteldorf
Signature

Print the name of the person who is completing and signing this claim:

Name Brian L. Mitteldorf
First name Middle name Last name

Title President

Company Creditors Adjustment Bureau
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 927-7078 | International 001-310-823-9000

Debtor: 24-11056 - The Safety Zone, LLC		
District: District of Delaware		
Creditor: CAB assignee of Chifeng Huawei Medical Science Technology 4340 Fulton Avenue, Third Fl. Sherman Oaks, CA, 91423 USA Phone: 818-990-4800 Phone 2: 818-990-3904 Fax: 818-990-3904 Email: wthomas@cabcollects.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Goods sold	Last 4 Digits: Yes - 5970	Uniform Claim Identifier:
Total Amount of Claim: 115,388.00	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Brian L. Mitteldorf on 16-Jul-2024 2:09:01 p.m. Eastern Time Title: President Company: Creditors Adjustment Bureau		



RefNo. : EC202406107

Trust Deed and Letter of Instruction

We, China Export & Credit Insurance Corporation , hereby confirm our instruction to CREDITORS ADJUSTMENT BUREAU - LC FINANCIAL for debt collection against THE SAFETY ZONE, LLC who has defaulted in payment to our client CHIFENG HUAWEI MEDICAL SCIENCE & TECHNOLOGY CO., LTD; 内蒙古格林特制药有限责任公司 under the Sales Invoice(s) No. 249322、249307、247167-247168-247169 , signed between THE SAFETY ZONE, LLC (the defaulter) and CHIFENG HUAWEI MEDICAL SCIENCE & TECHNOLOGY CO., LTD; 内蒙古格林特制药有限责任公司 (our client)

The total amount hereby instructed is USD 115,388.00 (Say USD One Hundred and Fifteen Thousand Three Hundred and Eighty-Eight Only) plus the interest accrued.

We further confirm to grant CREDITORS ADJUSTMENT BUREAU - LC FINANCIAL the full power in exercising such rights and remedies in our or its own name for investigation and consultation in an amicable way and commit ourselves to render any assistance as it may reasonably require of us from time to time.

Authorized Signature:

Title (in capital letter):

Date (day/month/year): 17/06/2024

Collection Trust Deed

Owing to and in connection with the protracted default by The Safety Zone
in payment under the Sales Contract or L/C No. 247167/247168/247169/249307/249322
signed between us and The Safety Zone we, Chifeng Huawei Medical Science &
Technology Co., LTD., hereby confirm our agreement and
authorization to China Export & Credit Insurance Corporation, of the full rights for
collection, on our behalf, against The Safety Zone
for the full amount of USD 115388 (Say United States dollars ONE HUNDRED AND
FIFTEEN THOUSAND, THREE HUNDRED AND EIGHTY - EIGHT ONLY
) plus the interest accrued.

We further confirm our grant to China Export & Credit Insurance Corporation the full power
in exercising such rights and remedies in our or its own name and give any assistance as it may
require of us from time to time.



Authorized signature: 

Title (in capital letter): Juridical Person _____

Date (day/month/year): 6. 6. 2024





委托事项明细表

案号 (Ref No.) :

一、 委托人基本信息 (Creditor Information)

名称 (Name): Chifeng Huawei Medical Science & Technology Co., Ltd.
地址 (Address): No.2-4, Second-Stage Standardized Plant, Songshan (angning)
Industrial Park

(注: 请填写英文, 下同)

二、 债务人/开证行基本信息 (Debtor Information)

名称 (Name): The Safety Zone
联系人 (Contact): DIANE
地址 (Address): 385 LONG HILL ROAD
GUILFORD, CT 06437
电话 (Tel): 800-82195702 传真 (Fax): 203-533-7796 电子邮件 (Email): _____
其他信息 (Other Info): Remitter's Address: PROVIDENCE, RI, UNITED STATES OF AMERICA

三、 委托债务详细情况 (Statement of Account)

合同号/信用证号 Contract/LC No.	发票号 Invoice No.	提单号 B/L No.	应付款日 Due Date	发票金额 Invoice Amount	已收汇金额 Paid Amount	收汇时间 Paid Date (增加)	欠款余额 Unpaid Amount
<u>247167/247168/247169</u>	246716	E235099 471	2024/2/ 29	34736			37436
<u>249307</u>	249307	E2351005 63	2023/05 /27	39200			39200
<u>249322</u>	249322	E2351006 63	2024/6/ 15	38752			38752





(注：发票金额、已收汇金额和欠款余额三栏中应同时填写币种和金额)
(如需加页，请加盖骑缝章)

委托人签章：



日期：_____

